



LAST NAME	FIRST NAME	SOCIAL SECURITY ACCOUNT NO.	EDD USE ONLY
		_____	_____ Interviewer's Initial
<p>NOTE: Issue a DE 2063 only for the seven-consecutive-day period corresponding to your payroll week. If you pay your workers less often than once each seven days, you must issue a DE 2063 for each calendar week (Sun-day through Saturday) of partial unemployment. PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS.</p>			AC DATE _____

EMPLOYER'S STATEMENT FOR THE PAYROLL WEEKENDING _____
Date _____

1. Gross earnings (before deductions) were ▶ \$ _____
(If there were no earnings, enter Ø)
2. Did this employee report for all work that was available during this payroll week? ▶ _____
(a) If the answer is "NO," give date(s) _____
(b) REASON: _____

3. Why is this employee not working full-time? (check one)
☐ Lay off due to lack of work ☐ Discharged ☐ Voluntary Quit
(includes reduction in hours)
4. Enter the **last** date this employee performed any work in your employment either on or prior to the payroll week ending date shown above: _____
Date

EMPLOYER CERTIFICATION: I CERTIFY that the amount in Item 1 represents reduced earnings in a week of less than full-time work because of lack of work except as shown in Item 2.

ENTER

YOUR: _____ (____) _____

 Company Name Phone Number

 Address City ZIP

 X _____
 Employer Signature Employer Account Number
 DATE ISSUED TO EMPLOYEE

ISSUE THIS FORM IMMEDIATELY *AFTER* PAYROLL WEEKENDING DATE SHOWN ABOVE

CLAIMANT: You must complete this side. These questions and your answers are for the weekending date shown on the other side of this form.

A. Was there any reason other than lack of work, why you couldn't have worked full-time each regular workday that week? ▶ _____

(1) If yes, give reason, dates and time you could not work _____

B. Did you work for anyone other than your regular employer on any day in that week? (This includes self-employment).. ▶ _____

(1) What is that employer's name? _____

Address: _____

(2) How much did you earn before deductions from that employer whether you were paid or not? ▶ _____

(3) Dates worked _____ to _____. Reason no longer working _____

C. Are you receiving a pension, **other** than Social Security? ▶ _____

(1) If yes, has there been a change in the amount since you last reported it? ▶ _____

(2) If there has been a change, enter the **new** gross amount and explain the reason for the change. ▶ _____

D. Did you have a change of address or phone number in that week? ▶ _____

If you moved, could you have worked if a job had been offered? ☐ Yes ☐ No

Date(s) of move _____

E. If you want federal income tax withheld for that week, mark this block. ☐

CLAIMANT CERTIFICATION: I understand the questions on this form. I know the law provides penalties if I make false statements or withhold facts to receive benefits; my answers are true and correct. I declare under penalty of perjury that I am a U.S. citizen or national; or an alien in satisfactory immigration status and permitted to work by INS.

ENTER YOUR: X _____
Signature

(_ _ _) _ _ _ _
Phone Number

Address

City ZIP

NOTE: THIS CLAIM IS TIMELY ONLY BY CONTACTING AN EMPLOYMENT DEVELOPMENT OFFICE WITHIN 28 DAYS AFTER ISSUED TO YOU.

EXCEPTION: IF YOU KNOW THAT YOU WILL BE TOTALLY UNEMPLOYED IN EXCESS OF TWO CONSECUTIVE WEEKS, CONTACT YOUR LOCAL EDD OFFICE **IMMEDIATELY**.